

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3358

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 DEATH D 207 SIDENCE	1. PLACE OF DEATH A. COUNTY <b>Apache</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		B. COUNTY <b>Maricopa</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <b>St. Johns</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>1 day 22 Yrs.</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <b>Phoenix</b>		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>St. Johns Community Hospital</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>3224 West Yuma Street</b>				
2 ENT NAL A/22 0 786 SE H 181 ONS. SY H O IAL ICE AL VER'S TION	3. NAME OF DECEASED (TYPE OR PRINT) <b>Avanell</b>		4. SEX <b>Female</b>		5. COLOR OR RACE <b>White</b>		
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>8</b> DAY <b>3</b> YEAR <b>27</b>		8. AGE YEARS <b>22</b> MONTHS <b>11</b> DAYS <b>17</b>		
9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
14A. FATHER'S NAME <b>Thomas Jones</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>Tamar Lewis</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>New Mex.</b>	
16. INFORMANT'S SIGNATURE <i>Tamar L. Jones, St. Johns</i>			17. DATE OF DEATH (MONTH) <b>July</b> (DAY) <b>20</b> (YEAR) <b>1950</b>				
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Congestive Pulmonary Failure</b> ANTECEDENT CAUSES RHEUMATIC FEVER MYOCARDITIS MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>and precipitous labor and frequent pregnancies</b> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>7-19</b> <b>50</b> TO <b>7-20</b> <b>50</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>7-20</b> <b>50</b> AND THAT DEATH OCCURRED AT <b>4 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE <i>Newton E. McBride, D.O.</i>			23B. ADDRESS <b>St. Johns, Ariz</b>		23C. DATE SIGNED <b>7-23-50</b>		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>7-23-50</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>St. Johns, Arizona.</b>	
25A. DATE REC'D BY LOCAL REG. <b>July 23, 1950</b>		25B. REGISTRAR'S SIGNATURE <i>Etta B. Heap</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Don B. Mitty</i>		27. EMBALMER'S SIGNATURE <i>Don B. Mitty</i>	
						CERT. NO. <b>266 A</b>	